| STATE OF RHODE ISLAND<br>DIVISION OF MOTOR VEHICLES                                                                                            | Z                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|--|
| NOTICE AND DEMAND DATE OF MONTH DAY 1 Y                                                                                                        | (ND-12)               |  |  |  |
| NOTICE LOCATION:                                                                                                                               | 1 1 CIPM O            |  |  |  |
|                                                                                                                                                |                       |  |  |  |
| REGIS-                                                                                                                                         | CLASS                 |  |  |  |
| 10 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10                                                                                                | DY/STYLE CO           |  |  |  |
| VEHICLE IDENTIFICATION NUMBER                                                                                                                  |                       |  |  |  |
| OWNER NAME                                                                                                                                     |                       |  |  |  |
| STREET ADDRESS                                                                                                                                 |                       |  |  |  |
| CITY/TOWN                                                                                                                                      | STATE                 |  |  |  |
| OPERATOR (IF NOT OW                                                                                                                            | /NER) V               |  |  |  |
| OPERATOR NAME                                                                                                                                  |                       |  |  |  |
| STREET ADDRESS                                                                                                                                 | <del></del>           |  |  |  |
| CITY/TOWN                                                                                                                                      | STATE                 |  |  |  |
| DATE OF BIRTH OPERATOR'S                                                                                                                       | LICENSE NUMBER/STATE  |  |  |  |
| PRESENT NUMBER                                                                                                                                 | EXPIRES               |  |  |  |
| FORWARD THIS COPY TO:  MOTOR VEHICLE SAFETY AND EMISSION CONTROL DIVISION 325 MELROSE ST., PROVIDENCE, R.I. 02907 WITHIN 5 DAYS OF NOTICE DATE |                       |  |  |  |
| NOTICE: THIS VEHICLE IS NOT IN CO<br>LAW. DEMAND IS MADE THAT ALL DEF                                                                          |                       |  |  |  |
| A ☐ HEADLIGHT B ☐ FOOT BRAKE                                                                                                                   |                       |  |  |  |
| D TAIL LIGHT E PARK BRAKE                                                                                                                      |                       |  |  |  |
| G ☐ PLATE LIGHT H ☐ PLATE                                                                                                                      | F [] WINDSHIELD       |  |  |  |
| J ☐ STOP LIGHT K ☐ MIRRORS                                                                                                                     | I WIPERS              |  |  |  |
| M DIRECTIONAL N HORN                                                                                                                           | L C EXHAUST<br>SYSTEM |  |  |  |
| SIGNALS  P T EXCESSIVE EMISSIONS                                                                                                               | O TIRES               |  |  |  |
|                                                                                                                                                | IO TINT               |  |  |  |
| S OTHER                                                                                                                                        | 4G 1041               |  |  |  |
|                                                                                                                                                |                       |  |  |  |
| DEPT. NO. BADGE NO.                                                                                                                            |                       |  |  |  |
| X                                                                                                                                              |                       |  |  |  |

|                       |                                | DE ISLA<br>OTOR VI                                 |                                       | 3                                       |                                   |                                       | 2      |
|-----------------------|--------------------------------|----------------------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------|---------------------------------------|--------|
| NOTI                  | CE A                           | ND DE                                              |                                       |                                         |                                   | ND-12)                                | ַק     |
| DATE OF NOTICE        |                                | MONTH                                              | I DAY                                 | YEA                                     | אוד ∤ R<br>ו                      | ΛΕΙΙΩΑ<br>1 □P                        | 7      |
| LOCATION:             |                                | <del>- 1</del>                                     | - <del>1</del>                        | J                                       | .,                                | 200                                   | $\Box$ |
| REGIS-                | <del></del>                    | NUMBE                                              | R                                     | <u></u>                                 | CLASS                             |                                       |        |
| TRATION<br>YEAR       | MAKE                           |                                                    | , <u>.</u>                            | BODY                                    | /STYLE                            |                                       | -Ū     |
| VEHICLE IDEN          |                                | . NULLINED                                         |                                       |                                         |                                   |                                       |        |
|                       |                                | N INUMBER                                          |                                       |                                         |                                   |                                       |        |
| OWNER NAW             | ΙE                             |                                                    |                                       |                                         |                                   |                                       |        |
| STREET ADDRE          | SS                             |                                                    |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |                                       |        |
| CITY/TOWN             | <del></del>                    |                                                    |                                       |                                         | STATE                             | · · · · · · · · · · · · · · · · · · · |        |
|                       | 0                              | PERATOR                                            | (IF NOT                               | OWN                                     | ER)                               | ₩                                     |        |
| OPERATOR N            |                                |                                                    |                                       |                                         |                                   |                                       |        |
| STREET ADDR           | ESS                            | ······································             |                                       |                                         |                                   | ·                                     |        |
| CITY/TOWN             | <del></del>                    | ······································             |                                       |                                         | STATE                             | <del></del>                           |        |
| DATE OF BIRT          | H                              |                                                    | OPERATO                               | R'S UC                                  | ENSE NI                           | JMBER/STA                             | TE     |
| <del></del>           |                                |                                                    | · · · · · · · · · · · · · · · · · · · |                                         |                                   | EXPIRES                               |        |
| PRESENT<br>STICKER    |                                | NUMB                                               | EK                                    |                                         |                                   | EXPINES                               |        |
|                       | MOTO<br>EMISS<br>MELRO<br>WITH | RWARD<br>PR VEHI<br>SION CO<br>OSE ST.,<br>N 5 DAY | CLE S<br>ONTRO<br>PROVI<br>'S OF N    | AFE<br>OL D<br>DENC                     | TY AN<br>IVISIC<br>E, RJ<br>E DAT | N<br>. 02907<br>FE                    |        |
| NOTICE: 1<br>LAW. DEM |                                |                                                    |                                       |                                         |                                   |                                       |        |
| A 🗌 HEADL             | IGHT                           | <b>B</b> ☐ FO                                      | OT BRA                                | KE C                                    |                                   | SPECTION                              |        |
| D [] TAIL LI          | GHT                            | E 🗌 PA                                             | RK BRA                                |                                         |                                   | NDSHIEL                               |        |
| G 🗌 PLATE             | LIGHT                          | H 🗌 PL                                             | ATE                                   |                                         | _                                 | :                                     | :      |
| J 🗌 STOP I            | LIGHT                          | K 🗌 MI                                             | RORS                                  |                                         | ☐ WI                              |                                       |        |
| M DIREC               |                                | N 🗌 HC                                             | RN                                    | L                                       |                                   | (HAUST<br>'STEM                       |        |
| SIGNA                 |                                | ,                                                  |                                       | c                                       | TII                               | RES                                   |        |
| P EXCES               |                                |                                                    |                                       |                                         |                                   |                                       |        |
| o ☐ SMOKI             | Ę                              | R 🗌 SU                                             | NSCREE                                | ENING                                   | TINT                              |                                       |        |
| S [] OTHER            | ₹₩                             |                                                    | <del></del>                           |                                         |                                   |                                       |        |
| ISSU<br>DEPT. NO.     | ED BY                          | SIGNA                                              | TURE                                  |                                         |                                   |                                       |        |
| wern stw.             | anose .                        | X                                                  |                                       |                                         |                                   |                                       |        |



## THIS SIDE FOR OFFICE USE ONLY

| NOTIFIED    | <del></del> |                                        |              |
|-------------|-------------|----------------------------------------|--------------|
| SUSPENDED   |             |                                        |              |
| DENIED      |             |                                        |              |
| PICK UP     |             | · · · · · · · · · · · · · · · · · · ·  |              |
| PLATE REC'D |             |                                        | <del> </del> |
| COMPLIED    | <u> </u>    | ······································ |              |
| APPROVED    | <u> </u>    | <del></del>                            |              |
| REMARKS     |             |                                        |              |



## **VEHICLE OWNER:**

AFTER INSPECTION AND APPROVAL RETURN THIS NOTICE IMMEDIATELY TO:

MOTOR VEHICLE SAFETY AND EMISSION CONTROL DIVISION 325 MELROSE STREET PROVIDENCE, R.I. 02907 TEL. 401-222-2983

IN THE EVENT OF NON-COMPLIANCE THIS VEHICLE SHALL NOT BE OPERATED ON ANY ROAD IN THIS STATE

## **INSPECTION STATION:**

INSTRUCTIONS:

IF A VEHICLE IS FOUND TO HAVE DEFECT(S) NOT MARKED ON FACE OF THIS NOTICE DO NOT APPROVE UNTIL ALL DEFECTS HAVE BEEN CORRECTED.

IF STICKER IS REQUIRED INSPECT VEHICLE COMPLETELY PRIOR TO ISSUING NEW STICKER.

## COMPLIANCE APPROVAL

(TO BE COMPLETED BY INSPECTION STATION)

| DATE<br>APPROVED  | MO DA | Y YA | STICKER<br>NUMBER     |  |
|-------------------|-------|------|-----------------------|--|
| STATION<br>NUMBER |       |      | REGISTRA-<br>TION NO. |  |

USE OFFICIAL STATION STAMP HERE

I HAVE INSPECTED THIS VEHICLE AND FOUND ALL DEFECTS TO HAVE BEEN CORRECTED AND CERTIFY OWNER'S COMPLIANCE WITH THIS NOTICE AND DEMAND.

X

INSPECTOR'S SIGNATURE AND CERTIFICATION NUMBER

**REVISED 02-2012**